

United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

(29)

Annual Disposal/Injection Well Monitoring Report

Operator: b(6)	Owner: b(6)
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State: OK County: OSAGE Inventory Number: OS6031000  
Qtr Section: NW Section: 36 Township: 23N Range: 07E Surface Location: 300N/450W

Well Activity Type of Permit Lease Name Well Number  
Disposal ☐ Individual BUGG 5  
No. of Wells: ☐ Area

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2012	VAC	VAC	30,000			
Feb 2012						
Mar 2012						
Apr 2012						
May 2012						
Jun 2012						
Jul 2012						
Aug 2012						
Sep 2012						
Oct 2012						
Nov 2012						
Dec 2012			30,000			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
OWNER	b(6)	3-12-13

# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 6/26/2012 2:30:00 PM Duration: 0.8  
Operator Representative: TOBY CLEMISHIRE Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: \_\_\_\_\_ BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: SWD  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, -96.513045 G

### ROUTINE W/MIT INSPECTION

Purpose: \_\_\_\_\_ Responsible Company at Time of Inspection: b(6)  
Inspect No.: iJAY1218441905 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 6/26/2012 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf

Monitoring Device Elected: \_\_\_\_\_  
Monitoring Device: \_\_\_\_\_  
FLM Canister Pressure: \_\_\_\_\_  
Lease Status: Active  
Barrel Monitor Hooked Up?: \_\_\_\_\_  
Barrel Fluid Level (%): \_\_\_\_\_  
Flowline Hooked Up?: Y  
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	<b>AUTHORIZED</b>
Actual Pressure:	<u>-31</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	<u>0</u>		Max Rate: _____
How Determined?:	<u>O</u>		
Injection Rate (bpd):	_____	How Rate Determined?	_____

### Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name: [Signature] Date: 7/16/12  
Inspection Results: 1 Follow-up: A Reason: See  
Violation Code: None Frequency: NR Received Date: 7/13/2012



# Mechanical Integrity Test Results

SCAN CODE: 28

## Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495

Pawhuska, OK 74056

Inspector: J. Andrew YatesTest Date: 06/26/2012 Test Time: 2:30 PMOperator Representative: TOBY CLEMISHIRE

Date Report Sent to Operator: \_\_\_\_\_

### General Well Data

Operator: b(6)Inventory Number: OS6031API Well No.: 35-113-30780-00-00Well Name/No.: BUGGLocation: NW 36 23N 7E 300N - 450W

Phone: \_\_\_\_\_

Field name: \_\_\_\_\_

Injection Interval: 2299 - 2305 USDW Bot: 300Well Type: SWDAnnulus Fluid Type: \_\_\_\_\_ Concentric Pkr: - Packer Depth: 2265 Casing: 7.000 in. Tubing: ##### in.

### Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. TestTest Reason: 3-year TestInj. Status: Y Inj. Rate: \_\_\_\_\_ bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled: \_\_\_\_\_ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:		<u>0</u>		<u>0</u> psi
Initial:	<u>2:30 PM</u>	<u>0</u>		<u>200</u> psi
Mid:	<u>2:45 PM</u>	<u>0</u>		<u>200</u> psi
Final:	<u>3:00 PM</u>	<u>0</u>		<u>200</u> psi

Flowback	Pressure	Volume
High:	<u>200</u> psi	
Mid:	<u>100</u> psi	<u>2500</u> ml
Low:	<u>20</u> psi	<u>2500</u> ml
End:	<u>0</u> psi	<u>1500</u> ml
Total Volume:		<u>6500</u> ml

### Casing/Tubing Annulus Monitoring

Device: \_\_\_\_\_

Fluid Level: \_\_\_\_\_ Annulus Prs: \_\_\_\_\_ psi

Test Result: Acceptable

Failure Type: \_\_\_\_\_

Failure Cause: \_\_\_\_\_

Repair Due: \_\_\_\_\_

Engineer Signature: Rick L. DavisReview Date: 07/09/2012

### ADA Pressure Test - Required Test Pressure

(Fluid Column Ht \* Specific Gravity \* .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

### Additional Comments for Mechanical Integrity Test

OIL FLOWBACK.

Received Date: 7/13/2012

# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 4/10/2012 12:30:00 PM Duration: 0.3  
Operator Representative: NONE. Dt Scheduled: \_\_\_\_\_ Dt Op Notified: \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: SWD  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, -96.513045 G

### ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: b(6)  
Inspect No.: iJAY1210741896 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 7/30/2009 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf

Monitoring Device Elected: \_\_\_\_\_  
Monitoring Device: \_\_\_\_\_  
FLM Canister Pressure: \_\_\_\_\_  
Lease Status: Active  
Barrel Monitor Hooked Up?: \_\_\_\_\_  
Barrel Fluid Level (%): \_\_\_\_\_  
Flowline Hooked Up?: Y  
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	<b>AUTHORIZED</b>
Actual Pressure:	<u>-31</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

### Comments

ACTIVE WELL.

Evaluation: Name: *James J. Yates* Date: 5/3/12

Inspection Results: 1 Follow-up: A Reason: See

Violation Code: None Frequency: NF

Received Date: 5/2/2012

United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

RECEIVED

JAN 23 2012

GEN-W

Annual Disposal/Injection Well Monitoring Report

Operator:

b(6)

Owner:

b(6)

State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36

Township: 23N

Range: 07E

Surface Location: 300N/450W

Well Activity

Disposal

No. of Wells: \_\_\_\_\_

Type of Permit

☐ Individual

☐ Area

Lease Name

B44

Well Number

BUGG 5

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2011	VAC.	0	39,000			
Feb 2011						
Mar 2011						
Apr 2011						
May 2011						
Jun 2011						
Jul 2011						
Aug 2011						
Sep 2011						
Oct 2011						
Nov 2011						
Dec 2011	VAC	0	30,000			

**CERTIFICATION**

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Name and Official Title:

b(6)

Signature:

b(6)

Date Signed:

12-12-12

OWNER



United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

(29)

Annual Disposal/Injection Well Monitoring Report

Operator: b(6)	Owner: b(6)
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State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36

Township: 23N

Range: 07E

Surface Location: 300N/450W

Well Activity

Disposal

No. of Wells: 1

Type of Permit

☐ Individual

☐ Area

Lease Name

BUG

Well Number

BUGG 5

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2010	VAC	VAC	30,000			
Feb 2010						
Mar 2010						
Apr 2010						
May 2010						
Jun 2010						
Jul 2010						
Aug 2010						
Sep 2010						
Oct 2010						
Nov 2010						
Dec 2010						

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Name and Official Title:

b(6)

OWNER

Signature:

b(6)

Date Signed:

1-5-11

SFLM

(29)

United States Environmental Protection Agency,  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

Annual Disposal/Injection Well Monitoring Report

Operator: b(6)	Owner: b(6)
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State: OK      County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW      Section: 36

Township: 23N

Range: 07E

Surface Location: 300N/450W

Well Activity

Disposal

No. of Wells: 1

Type of Permit

☐ Individual

☐ Area

Lease Name

Bug  
*show monthly  
injection volume*

Well Number

BUGG 5

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2009	VAC	VAC	30,000			
Feb 2009			"			
Mar 2009			"			
Apr 2009			"			
May 2009			"			
Jun 2009			"			
Jul 2009			"			
Aug 2009			"			
Sep 2009			"			
Oct 2009			"			
Nov 2009			"			
Dec 2009	VAC	VAC	30,000			

**CERTIFICATION**

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Name and Official Title:

b(6)

OWNER

Signature:

b(6)

Date Signed:

1-20-10

*Incomplete*

(24)

United States Environmental Protection Agency,  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

Annual Disposal/Injection Well Monitoring Report

Operator: b(6) [REDACTED] RE	Owner: b(6) [REDACTED]
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State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36

Township: 23N

Range: 07E

Surface Location: 300N/450W

Well Activity

Disposal

No. of Wells: 1

Type of Permit

☐ Individual

☐ Area

Lease Name

Bug

Well Number

BUGG 5

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2009	VAC	VAC				
Feb 2009						
Mar 2009						
Apr 2009						
May 2009						
Jun 2009						
Jul 2009						
Aug 2009						
Sep 2009						
Oct 2009						
Nov 2009						
Dec 2009	VAC	VAC				

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:

b(6) [REDACTED]

OWNER

Signature:

b(6) [REDACTED]

Date Signed:

1-20-10

*Incomplete*



# Mechanical Integrity Test Results

SCAN CODE: 28

## Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495

Pawhuska, OK 74056

Inspector: J. Andrew YatesTest Date: 07/30/2009Test Time: 1:30 PMOperator Representative: TOBY CLEMISHIRE

Date Report Sent to Operator: \_\_\_\_\_

### General Well Data

Operator: b(6) Inventory Number: OS6031  
API Well No.: 35-113-30780-00-00  
Well Name/No.: BUGG  
Location: NW 36 23N 7E 300N - 450W  
Field name: \_\_\_\_\_  
Injection Interval: 2299 - 2305 USDW Bot: 300 Well Type: SWD  
Annulus Fluid Type: \_\_\_\_\_ Concentric Pkr: - Packer Depth: 2265 Casing: 7.000 in. Tubing: 2.875 in.

### Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. TestTest Reason: 3-year TestInj. Status: Y Inj. Rate: \_\_\_\_\_ bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled: \_\_\_\_\_ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure	Flowback	Pressure	Volume
Pre-Test:		0		0 psi	High:	200 psi	
Initial:	1:30 PM	0		200 psi	Mid:	100 psi	2500 ml
Mid:	1:45 PM	0		200 psi	Low:	20 psi	2000 ml
Final:	2:00 PM	0		200 psi	End:	0 psi	500 ml
					Total Volume:		5000 ml

#### Casing/Tubing Annulus Monitoring

Device: \_\_\_\_\_

Fluid Level: \_\_\_\_\_ Annulus Prs: \_\_\_\_\_ psi

Test Result: Acceptable  
Failure Type: \_\_\_\_\_  
Failure Cause: \_\_\_\_\_  
Repair Due: \_\_\_\_\_  
Engineer Signature: Rick L. Davis  
Review Date: 08/19/2009

#### ADA Pressure Test - Required Test Pressure

(Fluid Column Ht \* Specific Gravity \* .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

### Additional Comments for Mechanical Integrity Test

Received Date: 8/27/2009

# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 7/30/2009 1:00:00 PM Duration: 1.0  
Operator Representative: TOBY CLEMISHIRE Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: SWD  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, -96.513045 G

### ROUTINE W/MIT INSPECTION

Purpose: \_\_\_\_\_ Responsible Company at Time of Inspection: b(6)  
Inspect No.: iaya0921535242 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 7/30/2009 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf

Monitoring Device Elected: \_\_\_\_\_  
Monitoring Device: \_\_\_\_\_  
FLM Canister Pressure: \_\_\_\_\_  
Lease Status: Active  
Barrel Monitor Hooked Up?: \_\_\_\_\_  
Barrel Fluid Level (%): \_\_\_\_\_  
Flowline Hooked Up?: Y  
Injecting?: \_\_\_\_\_

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	<b>AUTHORIZED</b>
Actual Pressure:	<u>-30</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	<u>0</u>		Max Rate: _____
How Determined?:	<u>O</u>		
Injection Rate (bpd):	_____	How Rate Determined?	_____

### Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name: Samuel J. [Signature] Date: 8/6/09  
Inspection Results: 1 Follow-up: A Reason: See  
Violation Code: None Frequency: NR Received Date: 8/5/2009



# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 7/7/2009 9:15:00 AM Duration: 0.3  
Operator Representative: BILLY STEVENS/ PUMPER Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: SWD  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, -96.513045 G

### ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: b(6)  
Inspect No.: ijAY0919432877 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 3/9/2005 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf

Monitoring Device Elected: _____	Tubing	Annulus	<b>AUTHORIZED</b>
Monitoring Device: _____	Y	Y	
FLM Canister Pressure: _____	Fittings: _____	Actual Pressure: <u>-26</u> <u>0</u>	Max Pressure: <u>0</u>
Lease Status: <u>Active</u>	How Determined?: <u>UIC</u> <u>UIC</u>	Static Fluid Level: _____	Min Req Press: _____
Barrel Monitor Hooked Up?: _____	How Determined?: _____	Max Rate: _____	
Barrel Fluid Level (%): _____	Injection Rate (bpd): _____	How Rate Determined? _____	
Flowline Hooked Up?: <u>Y</u>			
Injecting?: <u>Y</u>			

### Comments

ACTIVE WELL, SCH. MIT. COMPANY NOT READY RESCH. FOR 7/28/2009 @ 1:30PM.

Evaluation: Name: Parasol 9800 Date: 7/29/09  
Inspection Results: 1 Follow-up: A Reason: See  
Violation Code: Note Frequency: NR Received Date: 7/27/2009



RECEIVED

JAN 12 2009

6EN-W

United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: (b)(6)	Owner: (b)(6)
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State: OK      County: OSAGE      Inventory Number: OS6031000  
Qtr Section: NW      Section: 36      Township: 23N      Range: 07E      Surface Location: 300N/450W

<u>Well Activity</u>	<u>Type of Permit</u>	<u>Lease Name</u>	<u>Well Number</u>
Disposal	<input type="checkbox"/> Individual	Bue	BUGG 5
No. of Wells: _____	<input type="checkbox"/> Area		

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2008	VAC	0	30,000			
Feb 2008						
Mar 2008						
Apr 2008						
May 2008						
Jun 2008						
Jul 2008						
Aug 2008						
Sep 2008						
Oct 2008						
Nov 2008						
Dec 2008	VAC	0	30,000			

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title: (b)(6) OWNER	Signature: (b)(6)	Date Signed: 12-31-08
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DS

# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: Henry Lookout Dt/Tm Inspected: 8/12/2008 6:40:00 PM Duration: 0.3  
Operator Representative: none present Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: BR  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, -96.513045 G

### ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: b(6)  
Inspect No.: iHPL0823139333 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 3/9/2005 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf

Monitoring Device Elected: \_\_\_\_\_  
Monitoring Device: \_\_\_\_\_  
FLM Canister Pressure: \_\_\_\_\_  
Lease Status: Active  
Barrel Monitor Hooked Up?: N  
Barrel Fluid Level (%): \_\_\_\_\_  
Flowline Hooked Up?: Y  
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	<b>AUTHORIZED</b>
Actual Pressure:	<u>-26</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>OV</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

### Comments

lease active, leadline hooked and injecting.

*Send letter  
re fluid level  
monitoring*

*8007 3 0 130  
OCT 0 130*

Evaluation: Name: *Paul J. [Signature]* Date: 8/27/08  
Inspection Results: 1 Follow-up: A Reason: See  
Violation Code: None Frequency: NR Received Date: 8/25/2008

United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: b(6)

Owner: b(6)

State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36

Township: 23N

Range: 07E

Surface Location: 300N/450W

Well Activity

Type of Permit

Lease Name

Well Number

Disposal

☒ Individual

BUGG 5

No. of Wells: 1

☐ Area

Buc

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2007	VAC	VAC	30,000			
Feb 2007						
Mar 2007						
Apr 2007						
May 2007						
Jun 2007						
Jul 2007						
Aug 2007						
Sep 2007						
Oct 2007						
Nov 2007						
Dec 2007	VAC	VAC	30,000			

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:

Signature:

Date Signed:

b(6)

b(6)

1-7-08

OWNER

DS



# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: 4/2/2007 11:45:00 AM Duration: 0.4  
Operator Representative: NONE Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: BR  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, 96.513045 G

### ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: b(6)  
Inspect No.: iGJS0710041959 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 3/9/2005 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: 300 ft subsurf

Monitoring Device Elected: _____	Tubing	Annulus	
Monitoring Device: _____	Y	Y	<b>AUTHORIZED</b>
FLM Canister Pressure: _____	Actual Pressure: <u>-20</u>	<u>0</u>	Max Pressure: <u>0</u>
Lease Status: <u>Active</u>	How Determined?: <u>UIC</u>	<u>OV</u>	Min Req Press: _____
Barrel Monitor Hooked Up?: _____	Static Fluid Level: _____		Max Rate: _____
Barrel Fluid Level (%): _____	How Determined?: _____		
Flowline Hooked Up?: <u>Y</u>	Injection Rate (bpd): _____	How Rate Determined? _____	
Injecting?: <u>Y</u>			

### Comments

ACTIVE WELL. WELL IS GRAVITY FED.

Evaluation: Name: *Paul D. Scott* Date: 4/16/07

Inspection Results: 1 Follow-up: A Reason: See

Violation Code: None Frequency: NR

Received Date: 4/12/2007

United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

RECEIVED

Operator: b(6)

Owner: b(6)

State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36 Township: 23N Range: 07E Surface Location: 300 N-450 W

Well Activity

DISPOSAL

No. of Wells: 1

Type of Permit

☐ Individual

☐ Area

Lease Name

BUG

Well Number

BUGG 5

South Quadrant Reporting Form

Month	Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
		Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2006	<u>VAC</u>	<u>0</u>	<u>30,000</u>		<u>0</u>	<u>0</u>
Feb	2006			<u>28,000</u>			
Mar	2006			<u>30,000</u>			
Apr	2006			<u>30,000</u>			
May	2006			<u>30,000</u>			
Jun	2006			<u>30,000</u>			
Jul	2006			<u>30,000</u>			
Aug	2006			<u>30,000</u>			
Sep	2006			<u>30,000</u>			
Oct	2006			<u>30,000</u>			
Nov	2006			<u>30,000</u>			
Dec	2006	<u>VAC</u>	<u>0</u>	<u>30,000</u>		<u>0</u>	<u>0</u>

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Name and Official Title:

b(6)

Signature:

b(6)

Date Signed:

2-13-07

OWNER - OPER.

3-2-07  
DS

(29)

United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733

Annual Disposal/Injection Well Monitoring Report

Operator: b(6)	Owner: b(6)
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State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36 Township: 23N Range: 07E

Surface Location: 300 N-450 W

Well Activity

DISPOSAL

No. of Wells: 1

Type of Permit

☒ Individual

☐ Area

Lease Name

BUG

Well Number

BUGG 5

South Quadrant Reporting Form

		Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month	Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2005	0	0	30,000			
Feb	2005						
Mar	2005						
Apr	2005						
May	2005						
Jun	2005						
Jul	2005						
Aug	2005						
Sep	2005						
Oct	2005						
Nov	2005						
Dec	2005	0	0	30,000			

**CERTIFICATION**

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Name and Official Title:

b(6)

OWNER

Signature:

b(6)

Date Signed:

8-24-06



Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test  
Osage Nation / Environmental Protection Agency  
P.O. Box 1495  
Pawhuska, OK 74056

Inspector: Gary J. Scott Test Date: 03/09/2005 Test Time: 1:00 PM  
Operator Representative: TOBY CLEMISHIRE Date Report Sent to Operator: \_\_\_\_\_

General Well Data

Operator: b(6) Inventory Number: OS6031  
API Well No.: 35-113-30780-00-00  
Well Name/No.: BUGG 5  
Location: NW 36 23N 7E 300N - 450W  
Phone: (918) 885-6203 Field name: \_\_\_\_\_  
Injection Interval: 2299 - 2305 USDW Bot: \_\_\_\_\_ Well Type: BR  
Annulus Fluid Type: \_\_\_\_\_ Concentric Pkr: - Packer Depth: 2265 Casing: 7.000 in. Tubing: 2.875 in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. Test Test Reason: New Permit  
Inj. Status: N Inj. Rate: \_\_\_\_\_ bpd Tubular Lining: Standard Time Since Ann Filled: \_\_\_\_\_ Hrs

	<u>Time</u>	<u>Tubing Pressure</u>	<u>Time</u>	<u>Annulus Pressure</u>	<u>Flowback Pressure</u>	<u>Volume</u>
Pre-Test:		<u>-30</u>		<u>0</u> psi	High: <u>200</u> psi	
Initial:	<u>1:00 PM</u>	<u>-30</u>		<u>200</u> psi	Mid: <u>100</u> psi	<u>2500</u> ml
Mid:	<u>1:15 PM</u>	<u>-30</u>		<u>200</u> psi	Low: <u>50</u> psi	<u>1400</u> ml
Final:	<u>1:30 PM</u>	<u>-30</u>		<u>200</u> psi	End: <u>0</u> psi	<u>1400</u> ml
					Total Volume:	<u>5300</u> ml

Casing/Tubing Annulus Monitoring

Device: \_\_\_\_\_  
Fluid Level: \_\_\_\_\_ Annulus Prs: \_\_\_\_\_ psi  
Test Result: Acceptable  
Failure Type: \_\_\_\_\_  
Failure Cause: \_\_\_\_\_  
Repair Due: \_\_\_\_\_  
Engineer Signature: Kent W. Sanborn  
Review Date: 06/01/2005

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht \* Specific Gravity \* .433 / N2 Wt Fac = Required Test Pressure)

	<u>Tubing</u>	<u>Annulus</u>
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

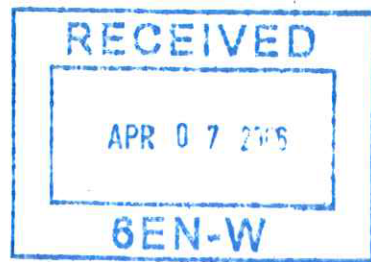
NEW PERMIT. FLOWBACK WAS PACKER FLUID  
AND FRESHWATER.

*Need  
Asn to  
Inject*

Received Date: 6/6/2005



United States Environmental Protection Agency  
Underground Injection Control Program  
1445 Ross Avenue  
Dallas, TX 75202-2733



Annual Disposal/Injection Well Monitoring Report

Operator: (b)(6) Owner: (b)(6)

State: OK County: OSAGE

Inventory Number: OS6031000

Qtr Section: NW Section: 36

Township: 23N

Range: 07E

Surface Location: 300 N-450 W

Well Activity

DISPOSAL

No. of Wells: \_\_\_\_\_

Type of Permit

☐ Individual

☐ Area

Lease Name

BUG

Well Number

BUGG 5

South Quadrant Reporting Form

		Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month	Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2005	VAC	0	30,000			
Feb	2005		0				
Mar	2005		0				
Apr	2005		0				
May	2005		0				
Jun	2005		0				
Jul	2005		0				
Aug	2005		0				
Sep	2005		0				
Oct	2005		0				
Nov	2005		0				
Dec	2005	VAC	0	30,000			

**CERTIFICATION**

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Name and Official Title:

OWNER

Signature:

Date Signed:

3.30.06

# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: 3/9/2005 12:00:00 PM Duration: 0.3  
Operator Representative: TOBY CLEMISHIRE Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: BR  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, 96.513045 G

### ROUTINE W/MIT INSPECTION

Purpose: Permit Responsible Company at Time of Inspection: b(6)  
Inspect No.: iGJS0514440287 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 3/9/2005 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: \_\_\_\_\_ ft subsurf

Monitoring Device Elected: _____	Tubing	Annulus	<b>AUTHORIZED</b>
Monitoring Device: _____	Y	Y	
FLM Canister Pressure: _____	Actual Pressure: <u>-30</u>	<u>0</u>	Max Pressure: <u>0</u>
Lease Status: <u>Active</u>	How Determined?: <u>UIC</u>	<u>OV</u>	Min Req Press: _____
Barrel Monitor Hooked Up?: _____	Static Fluid Level: _____	_____	Max Rate: _____
Barrel Fluid Level (%): _____	How Determined?: _____	_____	_____
Flowline Hooked Up?: <u>Y</u>	Injection Rate (bpd): _____	_____	How Rate Determined? _____
Injecting?: <u>N</u>	_____	_____	_____

### Comments

NEW PERMIT. ANNULUS HELD PRESSURE DURING TEST.

Evaluation: Name: Arnold J. Smith Date: 5/31/05  
Inspection Results: 1 Follow-up: A Reason: Sec  
Violation Code: None Frequency: NP Received Date: 5/26/2005

6/1/05



# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495  
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: 6/1/2005 12:15:00 PM Duration: 0.4  
Operator Representative: NONE Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: BR  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, 96.513045 G

### ROUTINE UIC INSPECTION

Purpose: Permit Responsible Company at Time of Inspection: b(6)  
Inspect No.: iGJS0515830721 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: 3/9/2005 Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: \_\_\_\_\_ ft subsurf

Monitoring Device Elected: \_\_\_\_\_  
Monitoring Device: \_\_\_\_\_  
FLM Canister Pressure: \_\_\_\_\_  
Lease Status: Active  
Barrel Monitor Hooked Up?: \_\_\_\_\_  
Barrel Fluid Level (%): \_\_\_\_\_  
Flowline Hooked Up?: Y  
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	<b>AUTHORIZED</b>
Actual Pressure:	<u>-30</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>OV</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

### Comments

ACTIVE WELL.

Evaluation: Name: Ronald J. Scott Date: 6/10/05  
Inspection Results: 1 Follow-up: A Reason: see  
Violation Code: None Frequency: NK Received Date: 6/10/200



# Well Inspection

Scan Code: 30

## Osage Nation / Environmental Protection Agency

P. O. Box 1495

Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 3/4/2005 11:00:00 AM Duration: 0.3  
Operator Representative: TOBY CLEMISHIRE Dt Scheduled: \_\_\_\_\_ Dt Op Notified \_\_\_\_\_

### General Well Data and Inspection Information

Operator: b(6) Inventory No.: OS6031 API Well No. 35-113-30780-00-00  
Well Name/No.: BUGG 5 Status: AI  
Location: NW 36 23N 7E 450W - 300N Well Type: BR  
Phone: \_\_\_\_\_ Field Nm: \_\_\_\_\_ Lat/Lng: 36.433545, 96.513045 G

### ROUTINE UIC INSPECTION

Purpose: Fluid Level Monitoring Responsible Company at Time of Inspection: b(6)  
Inspect No.: ijAY0506636210 Notification Type: \_\_\_\_\_  
Incident No.: \_\_\_\_\_ Date Letter Sent to Owner: \_\_\_\_\_ Extension Date: \_\_\_\_\_  
Comply No.: \_\_\_\_\_ Date Remedy Required: \_\_\_\_\_ Date Passed: \_\_\_\_\_

### Pressures / Conditions

Date Last MIT: \_\_\_\_\_ Test Result: \_\_\_\_\_ Casing: 7.000 in. Tubing: 2.875 in. USDW: \_\_\_\_\_ ft subsurf

Monitoring Device Elected: \_\_\_\_\_  
Monitoring Device: \_\_\_\_\_  
FLM Canister Pressure: \_\_\_\_\_  
Lease Status: Active  
Barrel Monitor Hooked Up?: \_\_\_\_\_  
Barrel Fluid Level (%): \_\_\_\_\_  
Flowline Hooked Up?: N  
Injecting?: N

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	<b>AUTHORIZED</b>
Actual Pressure:	<u>0</u>	<u>0</u>	Max Pressure: _____
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	<u>639</u>	<u>0</u>	Max Rate: _____
How Determined?:	<u>E</u>	<u>O</u>	
Injection Rate (bpd):	<u>0</u>		How Rate Determined? <u>CI</u>

### Comments

PRODUCTION WELL, COMPANY RUN TBG. & PKR. IN  
WELL. CONVERTING TO INJECTION WELL.

Evaluation: Name: Russell J. [Signature] Date: 3/15/05

Inspection Results: 10 Follow-up: D Reason: PMT

Violation Code: None Frequency: EM

Received Date: 5/2/2005

5/13/05 [Signature]